

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/22/2010

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right long finger arthrodesis, #26860

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Doctor of Medicine (M.D.)
American Board of Orthopaedic Surgery
Fellowship Trained in Hand Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 1/25/10, 1/28/10
M.D. 1/6/10 to 2/15/10
Surgery Center 1/26/10
M.D., FACS, PA 2/2/10
MRloA 1/25/10, 1/27/10
ODG Guidelines

PATIENT CLINICAL HISTORY SUMMARY

The injured worker suffered a severe open injury to the right middle finger with disruption of the extensor mechanism over the DIP joint as well as an open wound and open joint. She has a chronic mallet deformity as well as a nonhealing wound on the dorsal aspect of the DIP joint. Soft tissue coverage surgery has been approved for this patient; however, a DIP joint arthrodesis has been denied as not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The insurance company denials had been based on posttraumatic arthritis. This patient does not have traumatic arthritis that requires 6 months of conservative care. The patient has been a repairable extensor tendon injury. Stabilization of the DIP joint with an arthrodesis is medically necessary. Soft tissue coverage surgery has been approved for this patient. The reviewer finds that medical necessity exists for Right long finger arthrodesis

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM

KNOWLEDGEBASE

- ☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)